



# COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY

1 Ashburton Place, Room 1301

Boston, MA 02108-1618

Phone (617) 727-3200 ext. 25244

### INSPECTION APPLICATION – PRESSURE VESSEL DATA

(One Application per Pressure Vessel)

New Installation ( )	Annual Inspection ( )
<b>TYPE OF PRESSURE VESSEL</b>	<b>CHECK ONE:</b>
Air Tank	( ) Inspection Fee - \$50.00
Boiler, Cast Iron Sectional	( ) Inspection Fee - \$50.00
Boiler, Other:	( ) Inspection Fee - \$100.00
Refrigeration/Air Conditioning – 20 ton capacity	( ) Inspection Fee - \$60.00 (minimum)
\$2 fee for each additional 20 tons	Additional Tons _____ Additional Fee \$ _____
(Maximum inspection fee for Refrigeration/AC is \$300)	
Check # _____	Total Amount Due/Enclosed: \$ _____. ____

**\*\* AFTER INSPECTION THE DEPARTMENT WILL INVOICE A MANDATORY \$50.00 CERTIFICATE PROCESSING FEE \*\***  
**CERTIFICATES WILL NOT BE ISSUED UNTIL PAYMENT RECEIVED**

Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_

National Board # \_\_\_\_\_ Mass Tag # \_\_\_\_\_ Not to exceed \_\_\_\_\_ lbs/sq in

In compliance with M.G.L., Chapter 146 and application regulations, the undersigned applies for the required inspection.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

#### OWNER/USER INFORMATION (please print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ PAYMENT EMAIL: \_\_\_\_\_

#### LOCATION OF PRESSURE VESSEL (please print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CERTIFICATE EMAIL: \_\_\_\_\_

Mail Application and Payment to:

**Commonwealth of Massachusetts – Boiler Inspection Program, P. O. Box 417599, Boston, MA 02241-7599**

**Enclose a check or money order made payable to: The Commonwealth of Massachusetts.**